Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

(SLL-628

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN  |                            |   |   |                                   |              |                  |                |                    |                          |         | THAN                        |                        |  |
|---|----------------------------|---|---|-----------------------------------|--------------|------------------|----------------|--------------------|--------------------------|---------|-----------------------------|------------------------|--|
| ΓŢ  | OTAL CLAIMAC               |   | (Column 1)                              |                                   | (Colu        | (Column 2)       |                | TYPE               |                          | OR      | OTHER THA<br>OR SMALL ENTIT |                        |  |
| TOTAL CLAIMS  |                            |   | 23                                      | 23                                |              |                  |                | RATE               | FEE                      | 7       | RATE                        | FEE                    |  |
| FOR   |                            |   | NUMBER FILED                            |                                   | NUME         | NUMBER EXTRA     |                | BASIC FE           | 355.00                   | OR      | BASIC FEE                   |                        |  |
| TOTAL CHARGEABLE CLAIMS   |                            |   | 23 mi                                   | 23 minus 20=                      |              | • 3              |                | X\$ 9=             | 27                       | OR      | X\$18=                      |                        |  |
| INDEPENDENT CLAIMS  |                            |   | minus 3 =                               |                                   | *            |                  |                | X40=               | <del>~</del> 1           | 1 1     | X80=                        | ,                      |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |                            |   |   |                                   | <del></del>  |                  |                |                    | <del> </del>             | OR      |                             |                        |  |
| * If the difference in column 1 is less than  |                            |   |   | ero, enter                        | "0" in c     | column 2         | Į              | +135=              |                          | OR      | +270=                       |                        |  |
| CLAIMS AS AMENDED - PART II   |                            |   |   |                                   |              |                  | TOTAL          | 382                | OR                       | TOTAL   |                             |                        |  |
| (Column 1)  |                            |   | *************************************** | (Column 2) (Column 3)             |              |                  | SMALL ENTITY ( |                    |                          | OR      | OTHER THAN R SMALL ENTITY   |                        |  |
| AMENDMENT A   |                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHI<br>NUME<br>PREVIO<br>PAID F | BER<br>DUSLY | PRESENT<br>EXTRA |                | RATE               | ADDI-<br>TIONAL<br>FEE   |         | RATE                        | ADDI-<br>TIONAL<br>FEE |  |
| END   | Total<br>Independent       | *   | Minus                                   | **                                | _,           | =                |                | X\$ 9=             |                          | OR      | X\$18=                      |                        |  |
| AM  | <u> </u>                   | TATION OF MU                              | Minus  JLTIPLE DEF                      | PENDENT                           | CLAIM        | =                |                | X40=               |                          | OR      | X80=                        |                        |  |
|   |                            | · · · · · · · · · · · · · · · · · · ·     |   |                                   | 027          |                  |                | +135=              |                          | OR      | +270=                       |                        |  |
|   |                            |   |   |                                   |              |                  | L<br>Al        | TOTAL<br>DDIT. FEE |                          | 1, , '  | TOTAL<br>ADDIT. FEE         |                        |  |
|   |                            | (Column 1)                                | name of the same                        | (Colum                            | ın 2)        | (Column 3)       | , ,,           | 0011.1             |                          | • .     | NUUII. FEEL                 |                        |  |
| AMENDMENT B   |                            | REMAINING<br>AFTER<br>AMENDMENT           |   | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA |                | RATE               | ADDI-<br>TIONAL<br>FEE   |         | RATE                        | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                      | *   | Minus                                   | **                                |              | =                |                | X\$ 9=             |                          | OR      | X\$18=                      | ,                      |  |
| AM  | Independent                | ALTATION OF MAL                           | Minus                                   | ***                               |              | =                | ľ              | X40=               |                          | OR      | X80=                        |                        |  |
|   | TINOT FRESE                | NTATION OF MU                             | LTIPLE DEP                              | 'ENDENT (                         | CLAIM        |                  | -              | .125               |                          | 1 1     |                             |                        |  |
|   |                            |   |   |                                   |              |                  | L              | +135=<br>TOTAL     |                          | OR      | +270=<br>TOTAL              |                        |  |
|   |                            | (Column 1)                                |   | (Colum                            | n 2\         | (Calumum 0)      | ΑC             | DIT. FEE           |                          | OR A    | DDIT. FEE                   |                        |  |
| ပ   |                            | CLAIMS<br>REMAINING                       |   | HIGHE                             | ST           | (Column 3)       | <u></u>        |                    | ADDI                     | · F     |                             |                        |  |
| MENDMENT  |                            | AFTER<br>AMENDMENT                        |   | NUMBI<br>PREVIOL<br>PAID FO       | USLY         | PRESENT<br>EXTRA |                | RATE               | ADDI-<br>TIONAL :<br>FEE |         | RATE                        | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                      |   | Minus                                   | **                                |              | =                |                | X\$ 9=             |                          | OR      | X\$18=                      |                        |  |
|   | Independent<br>FIRST PRESE | *  <br>NTATION OF MU                      | Minus                                   | ***                               | CLAINA       | =                |                | X40=               |                          | OR      | X80=                        |                        |  |
|   |                            | TIATION OF MO                             | LIIFLE DEP                              | ENDENT                            | JLAIM        |                  |                | 405                |                          | ľ       | <del></del>                 |                        |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |                            |   |   |                                   |              |                  |                |                    |                          | +270=   |                             |                        |  |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                            |   |   |                                   |              |                  |                |                    |                          |         |                             |                        |  |
| ĺ   | goot Mullit                | zer meviously Pald                        | roi (lotalor)                           | ınaependen                        | it) is the h | nghest number f  | found          | in the appr        | opriate box              | in colu | mn 1.                       | į                      |  |

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| PROJECT FOR DAMESTO THE STATE OF                          |                                   |                       |                |                 |          |  |  |  |  |
|---|-----------------------------------|-----------------------|----------------|-----------------|----------|--|--|--|--|
| REQUEST FOR PATENT FEE REFUND                             |                                   |                       |                |                 |          |  |  |  |  |
| 1 Date of Request: 10-19-01 2 Serial/Patent # 09/896, 520 |                                   |                       |                |                 |          |  |  |  |  |
| 3 Ple   | ease refund the following fee(s): |                       | PER<br>MBER    | 5 DATE<br>FILED | 6 AMOUNT |  |  |  |  |
| ļ<br>   | Filing                            |                       |                |                 | \$       |  |  |  |  |
|   | Amendment                         |                       |                |                 | \$       |  |  |  |  |
|   | Extension of Time                 |                       |                |                 | \$       |  |  |  |  |
|   | Notice of Appeal/Appeal           |                       |                |                 | \$       |  |  |  |  |
| X   | Petition                          | 3                     |                | 9/28/01         | \$ 13000 |  |  |  |  |
|   | Issue                             |                       |                |                 | \$       |  |  |  |  |
|   | Cert of Correction/Terminal Disc. |                       |                |                 | \$       |  |  |  |  |
|   | Maintenance                       |                       |                |                 | \$       |  |  |  |  |
|   | Assignment                        |                       |                |                 | \$       |  |  |  |  |
|   | Other                             |                       |                |                 | \$       |  |  |  |  |
|   |                                   |                       | OTAL A         | MOUNT           | \$13000  |  |  |  |  |
|   |                                   | 8 TO BE REFUNDED BY:  |                |                 |          |  |  |  |  |
| 10 REA  | ASON:                             |                       | Treasury Check |                 |          |  |  |  |  |
|   | Overpayment                       | Credit Deposit A/C #: |                |                 |          |  |  |  |  |
|   | Duplicate Payment                 | 9 CO 1 / 2 2          |                |                 |          |  |  |  |  |
| V   | No Fee Due (Explanation):         | 1 10 11 (   3   3     |                |                 |          |  |  |  |  |
|   |                                   |                       |                |                 |          |  |  |  |  |
| Unneclessary  |                                   |                       |                |                 |          |  |  |  |  |
|   |                                   |                       |                |                 |          |  |  |  |  |
| 11 REFUND REQUESTED BY:                                   |                                   |                       |                |                 |          |  |  |  |  |
| TYPED/PRINTED NAME: WAN VAYMON TITLE: paralegal           |                                   |                       |                |                 |          |  |  |  |  |
| SIGNATURE: Working PHONE:                                 |                                   |                       |                |                 |          |  |  |  |  |
| OFFICE:   |                                   |                       |                |                 |          |  |  |  |  |
| **************************************                    |                                   |                       |                |                 |          |  |  |  |  |
| APPROVED: Clica Kelle DATE: 10-23-0/                      |                                   |                       |                |                 |          |  |  |  |  |
|   |                                   |                       |                |                 | ,        |  |  |  |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B